



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

B. Ray Boren, DC

Respondent Name

Houston ISD

MFDR Tracking Number

M4-15-1008-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

November 26, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I received a denial for this bill, stating 'INCOMPLETE BILLING INFO OR SUPPORT DOCUMENTATION; CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERRORS NEEDED FOR ADJUDICATION; IN ORDER TO APPROPRIATELY REVIEW THE SUBMITTED DATE OF SERVICE, THE REPORT/MEDICAL RECORDS OR OFFICE NOTES ARE REQUESTED.' However, this is incorrect, since I submitted both the bill and the report via email to Patricia Medrano on May 19, 2014. This bill is for a division-ordered Designated Doctor Exam with the purpose of determining the worker's Impairment Rating (IR), Maximum Medical Improvement (MMI) – per the attached DWC32.

99456-W5-WP was the CPT code & modifiers used because: a doctor other than the treating doctor examined the injured worker; the doctor was acting as a TDI-DWC appointed designated doctor; the exam performed by the doctor was to determine MMI and/or IR; the injured employee is at MMI; the designated doctor is billing for the whole procedure of impairment rating measurements; the doctor is eligible for 100% of the MAR for the exam.

99456-W6-RE was used because we're indicating that Dr. Boren is a designated doctor performing an examination that addressed the extent of compensable injury.

We billed a total of \$2,350.00 for these services. *We have received no payment from your company, which does not meet the Medical Fee Guidelines suggested payment amount."*

Amount in Dispute: \$500.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Texas Administrative Code provides in relevant part,

Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records, and diagnostic test results.

When submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form.... 28 T.A.C. 133.210 (a) and (b)

When initially received, the medical bills for reimbursement did not include required documentation such as all medical reports and records. Therefore, reimbursement was denied...

Moreover, the Texas Labor Code provides in pertinent part,

A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a **forfeiture of the provider's right to reimbursement** for that claim for payment. Tex. Labor Code §408.027(a).

To avoid forfeiture of its right to reimbursement, Requestor was required to submit its claims for payment within 95 days of the date of service, per Texas Labor Code Section 408.027(a). It appears the claim for payment was submitted on July 31, 2014, more than 95 days after the date of service.

Responding subject to and without waiving the defenses delineated above, all payments due and owing to Requestor per the Fee Guidelines have been issued to Requestor, or payment per the Fee Guidelines has been requested by the Third Party Administrator and should be received by Requestor on or before December 31, 2014. A copy of the reimbursement check payable to Landmark Exams will be submitted subsequent to this Response."

Response Submitted by: White Espey PLLC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 6, 2014	Designated Doctor Examination	\$500.00	\$500.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133. 2 provides the definitions for terms related to medical bill submission and processing.
3. 28 Texas Administrative Code §133.10 sets out the requirements for a complete medical bill.
4. 28 Texas Administrative Code §133.20 sets out the procedures for submission of a medical bill by a health care provider.
5. 28 Texas Administrative Code §133.210 sets out the requirements and procedures related to medical documentation associated with medical billing.
6. 28 Texas Administrative Code §133.240 sets out the procedures for reviewing a medical bill by an insurance carrier.
7. 28 Texas Administrative Code §134.204 provides the fee guidelines for billing and reimbursing Designated Doctor Examinations.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - Notes: Incomplete billing info or support documentation. Charge will be evaluated upon receipt.
 - Notes: In order to appropriately review the submitted date of service, the report/medical record or office notes are requested.
 - 18 – Exact duplicate claim/service.
 - Notes: This procedure on this date was previously reviewed.

Issues

1. Did the respondent meet the requirements of 28 Texas Administrative Code §133.307?
2. Did the requestor submit a complete medical bill for the disputed services?
3. What is the correct MAR for the services in dispute?
4. Is the requestor entitled to reimbursement?

Findings

1. The respondent's position statement includes, "To avoid forfeiture of its right to reimbursement, Requestor was required to submit its claims for payment within 95 days of the date of service, per Texas Labor Code Section 408.027(a). It appears the claim for payment was submitted on July 31, 2014, more than 95 days after the date of service."

28 Texas Administrative Code §133.307 (d)(2)(F) states in relevant part, "The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the

division and the other party. Any new denial reasons or defenses raised shall not be considered in the review.”

Review of the submitted documentation does not support that an issue of timely filing was appropriately presented to the requestor prior to the date the request for MFDR was filed. Therefore, the respondent did not meet the requirements of 28 Texas Administrative Code §133.307 and this issue will not be considered.

2. Notes from the insurance carrier on the Explanations of Benefits indicates that the bills received from the requestor were incomplete due to missing documentation. 28 Texas Administrative Code §133.2 (4) defines a complete medical bill as, “A medical bill that contains all required fields as set forth in the billing instructions for the appropriate form specified in §133.10 of this chapter (relating to Required Billing Forms/Formats), or as specified for electronic medical bills in §133.500 of this chapter (relating to Electronic Formats for Electronic Medical Bill Processing).” A review of 28 Texas Administrative Code §133.10 does not include medical documentation as a required element for a complete medical bill.

Further, 28 Texas Administrative Code §133.240 (a) states, in relevant part, “An insurance carrier shall take final action after conducting bill review on a complete medical bill...” and final action is defined in 28 Texas Administrative Code §133.2 (6) as, “(A) sending a payment that makes the total reimbursement for that bill a fair and reasonable reimbursement in accordance with §134.1 of this title (relating to Medical Reimbursement); and/or (B) **denying a charge on the medical bill**” [emphasis added]. By submitting an Explanation of Benefits denying the requested charges, the insurance carrier acknowledged that they had received a complete medical bill. Therefore, the Division finds that the requestor did submit a complete medical bill.

3. Per 28 Texas Administrative Code §134.204 (j)(3), “The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation indicates that the Designated Doctor performed an evaluation of Maximum Medical Improvement as ordered by the Division. Therefore, the correct MAR for this examination is \$350.00.

Per 28 Texas Administrative Code §134.204 (j)(4), “The following applies for billing and reimbursement of an IR evaluation. (C)(ii) The MAR for musculoskeletal body areas shall be as follows. (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.” The submitted documentation indicates that the Designated Doctor performed an evaluation to determine the impairment rating of the lumbar spine using the DRE method found in the AMA Guides 4th edition. Therefore, the correct MAR for this examination is \$150.00.

Per 28 Texas Administrative Code §134.204 (k), “The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a **Division or insurance carrier requested RTW/EMC examination**, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier “RE.” In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and **shall include Division-required reports**.” [emphasis added]. The submitted documentation does not support that an examination to determine Extent of Injury, as billed by the CPT Code 99456-W6-WP, was requested or performed. Therefore, the correct MAR for this charge is \$0.00.

4. Review of the submitted documentation finds that the insurance carrier denied charges on the Reconsideration Explanation of Benefits, audited on 8/14/14, stating, “Claim/service lacks information or has submission/billing error(s) which is needed for adjudication,” and, “In order to appropriately review the submitted date of service, the report/medical record or office notes are requested.” In the respondent’s position statement, however, it is indicated that the documentation was received on 7/31/14. Therefore, the denial is not supported and the requestor is entitled to reimbursement for the documented services. Total recommended reimbursement is \$500.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$500.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$500.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 4, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.